

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		19 3601	
FORMALITY REVIEW	SK	809	4/24/01
RESPONSE FORMALITY REVIEW	T2	3-947	05/20/01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	7/15/04
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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